



## **Reproductive Health Services**

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SENATE FINANCE & CLAIMS

Exhibit 14  
751-8101 FAX 751-8102  
Date 3-30-07  
Community Health Services  
751-8110 FAX 751-8111  
Bill No. HB 820  
Environmental Health Services  
751-8130 FAX 751-8131  
WIC Services  
751-8170 FAX 751-8171  
Home Health  
751-6800 FAX 751-6807

March 15, 2007

Representative Sinrud, Chair  
House Appropriations Committee  
Montana House of Representatives  
PO Box 200400  
Helena, MT 59620-0400

RE: HB 638

I am writing on behalf of Flathead Family Planning to express the need for state funding for high cost contraceptives. Flathead Family Planning is one of the 15 publicly funded family planning clinics located throughout Montana offering comprehensive family planning, medical, counseling and educational services to women in need. We rely on the Federal Title X funding (which only comprises 34% of our total budget) as well as patient fees and donations to provide family planning and reproductive health care to residents of the Flathead Valley. In CY 2006, we provided services to 3415 men and women and 74% of those clients were at or below 150% of poverty. Only 5% of the family planning clients were served by Medicaid. The rising cost of contraceptives, laboratory tests and health care personnel has created many challenges for this program in meeting the needs of the low-income residents we serve.

Flathead County Family Planning is facing an estimated 52% increase in the cost for contraceptives for the next year. As a result of this significant increase, we have been forced to look for savings in other areas of operations including raising prices for clients even marginally above the poverty level and limiting the choice of methods and the amount of contraceptive supplies offered to clients. We have also chosen to switch to generic brands of contraceptive supplies. However the prices are still far more that we had previously paid (many are double the price) and often there are no available supplies to match the surge in demand. I currently have three different brands of contraceptive pills on backorder with no potential release date, forcing our clients to switch brands as we try to find an alternative that will continue to meet their needs. As 57% of our clients qualify for free services and supplies, they do not have an alternative to get a prescription filled at the local pharmacy as we wait for pills to become available from the pharmaceutical companies.

One of the goals of our program is to decrease the incidence of unintended pregnancies. In 2006 Flathead Family Planning prevented an estimated 2074 unplanned pregnancies. We can only accomplish this goal by having affordable contraceptives available for our patients. Funding to provide those contraceptives will ensure that the residents of Flathead County continue to have access to the services they need to allow couples to plan for pregnancy when they are best able to care for their children.

Respectfully,

Wendy Doely, Director  
Flathead Family Planning

Good afternoon Chairman Sinrud, members of the Committee. My name is Jamie Paul, and I am the Director of Health Promotion & Family Services at the Butte-Silver Bow Health Department. We also have Family Planning Clinics located in Deer Lodge and Powell Counties.

I am here to educate on the benefit of House Bill 638 which would provide the additional funding my clinic needs to continue to provide services in the counties we serve.

Butte is home to one of the 15 publicly funded family planning clinics located throughout Montana offering comprehensive family planning, counseling and educational services to women & men in need. We rely on Title X funding as well as patient fees and donations to provide services to Butte and the surrounding counties.

In Fiscal Year 2006, our Butte Clinic served 2,072 men and women. Of those the majority of clients served are low income.

- 85% were at or below 150% of the poverty level, compared to 70% statewide.

- 94% were at 250% of the poverty level and qualify for reduced fees
- 75% of the women seen at the Butte Family Planning qualify for free services and contraceptive supplies, compared to just 56% statewide

With the dramatic increase in cost of contraceptives we have been forced to reduce our formulary. For example; we were paying \$1.44 for a case of Ortho-Cyclen, compared to the \$460.80 that we are now paying for a case of the same.

This has had a huge impact on our budget. We have already overextended our supply budget by roughly 25%, and have had to request a budget resolution to get us through the end of this fiscal year. We have also reduced our formulary and have raised the cost of supplies for our clients. But with 75% of the women we see qualifying for free services; we do not anticipate we will be able recoup a significant amount of monies.

With the large amount of low-income folks in our community, Family Planning services are absolutely critical. Please support HB 638.

Testimony for HB 638  
Brittney Morris

Good afternoon Chairman Sinrud, members of the committee. My name is Brittney Morris. <spell name> and I am the clinic manager for Planned Parenthood of Montana in Great Falls. I am here today in support of HB 638, which would provide the additional funding family planning clinics need in order to continue providing services.

In 2006 the Great Falls Planned Parenthood served approximately 2400 clients and a large majority of clients seeking family planning services are uninsured or underinsured. 1/3 of our clients served in Great Falls live at the poverty level.

Family planning clinics have seen an increase in costs mainly from pharmaceutical companies. In 2006 Ortho-McNeil Pharmaceutical drastically raised the prices that family planning clinics pay for their contraceptive products. This increase means that family planning clinics could face up to an 80% increase in costs for contraceptive supplies. Passage of this bill would help offset the effect of this increase thus enabling us to pass on the savings to our clients.

Without state funding for family planning, this price increase will drastically affect the services offered at family planning clinics in Montana. Clinics will be forced to cut costs in other areas and raise prices for other services thus putting a greater burden on those least able to afford it.

Access to family planning is vital in the Great Falls community because so many men, women and families count on us to provide services at an affordable level. It is not uncommon to hear comments from clients such as:

"I am so thankful your clinic is here to provide services, I not sure what I would do without your clinic."

and

"I have been coming to this clinic since I was 17 and I wouldn't consider being seen anywhere else"

People in our communities rely heavily on our services. These services include: birth control, cervical and breast cancer screenings, and pregnancy tests. It's important to note that this funding is not allocated for abortion services. In fact, funding family planning programs prevent the need for abortion by preventing unplanned pregnancies.

In conclusion, I strongly urge you to approve the passage of HB 638. Thank-you

Central Montana Family Planning  
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March 15, 2007

To: House Appropriations Committee

I am writing to request your support on HB 638. The appropriation of \$600,000.00 each fiscal year from the general fund to the department of public health and human services to fund contraceptive services for Title X clinics is critical in Montana.

Without these much needed funds, Montana's women who access our services will be denied affordable contraceptives at our clinics. This then leads to more unplanned and unwanted pregnancies.

Most women in Montana can not afford the high cost prescription contraceptives at their local pharmacies ( if there is a pharmacy in their communities).

I can speak to you as a Director of a Family Planning program for the last 16 years. This past year has been the worst one I have ever experienced. The pharmaceutical companies really put each of our sites in a very precarious position with their increased contraceptive costs. It was cost prohibitive to purchase some of our supplies and in our case we had to change our formulary drastically and stop offering most of the brands of contraceptives we had previously been able to purchase.

This placed and still continues to place a barrier to care for some women when they have to be switched to a new type of contraceptive because of our inability to afford their prior method. Some women complain the new types are causing side effects. This makes user compliance an issue and possibly a risk for pregnancy.

With the increased financial burden on our Title X clinics we struggle to maintain our already tight budgets. I have had to make many changes this year and am concerned about the future of our rural clinic.

We have a strong foundation in Central Montana and have almost 700 men, women who depend on us to be here in the future. I know I can count on you to not let the men, women of Central Montana down. Please support HB 638.  
Thank you

Sue Irvin,  
Director & Health Educator

March 15, 2007

RE: House Bill No. 638

From: Emily Hooker, Women's Health Nurse Practitioner  
Bridger Clinic, Bozeman, MT

To: Members of the Appropriations Committee

Since 1990 I have been providing reproductive medical care to both men and women at Bridger Clinic. I have been proud to devote my career to the work of helping couples reduce the incidence of unintended pregnancy. Currently 50% of all pregnancies nationwide and in Montana are unintended. I believe Title X Family Planning efforts help to alleviate poverty, avoid welfare dependency, expand economic development, and reduce the incidence of abortion by providing quality, affordable health care and contraception (including encouraging abstinence and responsible relationships) to all women and men regardless of their income status.

Huge increases in Title X clinic contraceptive supply costs coupled with increases in clinics' laboratory costs for cervical cancer and infection screenings, medical supplies, and clinic liability insurance have seriously jeopardized the ability of clinics to offer contraceptive choices that men and women are able and/or willing to successfully use. To illustrate, in 17 years I have seen brands of contraceptive pills increase to a clinic purchase price that is 75 times that of 1990. Newer methods that are even more effective than "the pill" in helping men and women avoid unintended pregnancy are even more expensive. Safe, effective, and desirable methods are being eliminated from clinic formularies due to pharmaceutical costs alone. My personal experience as a care provider and reliable research have shown that couples contracept more successfully when using a method that they feel works best for them.

Access to affordable contraception is now more important than ever as we witness increasing numbers of children qualify for the CHIP program, increasing Medicaid expenses related to unintended pregnancy (prenatal care, childbirth, well baby care), increasing numbers of low income & medically uninsured couples and families who are unable to afford increasing health care costs and contraception. Title X clinics need assistance in helping families acquire affordable birth control so that they can effectively plan for children when they are most able care for them financially and emotionally.

Please support Title X efforts to provide affordable contraception and reduce public health costs related to unintended pregnancy by voting for House Bill No. 638. Thank you.

Respectfully,

Emily Hooker BSN, NP

Good afternoon Chairman Sinrud, members of the Committee. My name is Stephanie McDowell, STEPHANIE MCDOWELL, and I am the Associate Director for Bridger Clinic in Bozeman where we serve primarily Gallatin, Madison and Park Counties.

I am here in support of House Bill 638 and thank you for the time to explicate how this bill will affect our services and clients.

Bridger Clinic is the largest Title X clinic in the state and we have partnered with several agencies like the Gallatin County Health Department and the Bridger Alternative High School on projects ranging from decreasing teen pregnancy to increasing cervical cancer screening.

Last year, we saw over 5,900 patients. Of those patients, 61% are women aged 20-29 years and 60% do not have Health Insurance.

Although we refuse services to no one, the poverty patient remains our priority at 37% of our clientele and receives services on a donation only basis.

52% of our patients are at 150% of the poverty level and pay 25% of our full fees. To give you an example, this would be a family of 4 living on a gross income of less than \$2,500 a month.

In our 2006 patient satisfaction survey, 84% of those who responded stated affordable fees as the reason they chose Bridger Clinic and stated they would have little options available to them if Bridger Clinic was not available for their reproductive health care.

In terms of medical services, during calendar year 2006, we provided 3,381 cervical cancer screenings and 4,498 breast cancer screenings.

In addition, mothers who use family planning services in the two years before conception are more likely to begin prenatal care early and receive adequate levels of care throughout pregnancies. In 2006, Bridger Clinic made 144 referrals for prenatal care.

We are the sole source of health care for many women and men in the Gallatin Valley who want to plan for their families in a responsible way.

Couples who have access to reproductive health care and contraception are far less likely to have an unintended pregnancy that could result in an abortion and are more likely to practice responsible parenting by planning of their families.

These are the women and families that we serve and who we are asking you to support: If we help these women and their partners, then we are also helping the children and communities across Montana.

Good afternoon Chairman Sinrud, members of the committee. Fellow Montanan's I am Karen Sloan, a nurse practitioner from Havre Montana. I am the chairperson of the Montana Family Planning Council and the Director, Nurse Practitioner of Hill County Family Planning. The Montana Family Planning Council is made up of the directors of the Family Planning Programs in Montana.

As we are all aware the health care system in the nation, the state and our areas from which we come is a mess. We have many uninsured people and these are people who may work more than one job but still have no insurance coverage. In many communities our citizens are denied access to health care if they have no insurance and cannot pay up front for the visit to a provider. This is the basic reason I am asking you to support House Bill 638 which would provide the additional funding all of the family planning clinics in Montana need to continue to provide services in our 29 communities and in particular to advocate for the funding of the numerous small, rural clinics located throughout the state. As Chairperson of the Family Planning Council, I have some handouts to submit to you. Our fact sheet, which has our most current information, and letters submitted on behalf of my peers who could not join us today. Closing a healthcare clinic to come testify is not easy on short notice, so I am here to represent many of them and the thousands of clients we see in these clinics.

Montana's Title X clinics served 28,268 men and women in FY 2006. These patients received pap smears, vaginal infection checks, sexually transmitted infection checks. Breast exams, pregnancy tests, blood pressure checks, hematocrits and urinalysis, immunizations as well as contraception. They were referred for prenatal care, to the WIC program, to the Breast and Cervical Health program for follow-up on abnormal test results and in many clinics the family planning person is the advocate who helps clients

who are facing severe health problems and are not familiar with sources available such as mental health and adoption agencies.

Contraception is not a naughty word. Health care providers have long been aware that healthy babies and families happen when pregnancies are spaced appropriately and parents are mature and ready to accept the responsibility of parenting. Access to affordable contraceptive services is **IMPORTANT** to Montana Women. It improves pregnancy outcomes by reducing low birth weight babies, infant mortality and maternal health problems. It saves taxpayer dollars. Every dollar invested in family planning saves an average \$3 in Medicaid costs for pregnancy-related health care and for medical care of newborns. The majority of clients served by family planning programs in 2006(70%) were uninsured (no public or private health insurance.)

In many communities the physicians who are aware of the financial straits caused by poverty are referring their patients for this quality preventive care provided by the family planning clinics. The medical directors of these clinics are members of the community medical staff and most of them are doing it as a donation to the community's health.

In 2006 Pharmaceutical companies drastically raised the prices to publicly funded clinics. This translates to an 80% increase in costs for contraceptive supplies. Needless to say the Title X funds have not increased in the same manner. It is imperative that this cost not limits the health care and contraception options for low-income Montana citizens.

In Havre last year our clinic served clients from seven counties including Hill, Liberty, Blaine, Chouteau, Toole, Phillips and Valley. We have a satellite clinic in Malta, which provides services from our clinic to people who cannot come to Havre. Many clinics have established satellite clinics in very rural areas



that will be severely affected or closed without additional funding. Since the cost of contraceptives rose so dramatically last year I have had to change the number of options available for my clients and some of the most expensive methods, which may be the best for the client cannot be offered because there is no money available.

I spent several years of my nursing career as the supervisor of the OB ward and truly love babies but my heart ached for the infants and their parents who were unable to provide the very basics of food, shelter and clothing for the infant without even considering the nurturing environment needed to raise a child to adulthood. It is my purpose to provide preventive health care including contraception so that all babies will be wanted and nurtured and I would ask your help in this endeavor by approving House Bill 638!

*Chairman Sinrud, members of the Committee, my name is Joan Van Duynhoven. I am a CNM who works in the Butte Silver Bow Family Planning clinic, I have 10 years experience in Family Planning, in 6 MT cities.*

*I am here in support of HB 638.*

*This program provides a much needed resource in all MT communities to women & men. The most important being education. Education that is not provided to the extent that Family Planning Clinics does, in other settings i.e. private clinics. If we continue to be compromised by the increase cost of contraceptives we are in jeopardy of losing a service for an at risk/vulnerable population. Citizens without health insurance or economic resources come to us for contraception, and end up receiving much more, education of the most thorough kind in family planning, preventative health & risks to their health including sexually transmitted infections, immunizations, diet, exercise. Preventative health screenings. Treatment when necessary, evaluation, explanation, and use of contraceptive options, abstinence and preconceptual information.*

*My patients can be a teenager to a woman in her late 50's. Their employment does not provide health insurance and their income is  $\geq$  \$10/hr. I often see women who have had several, mishaps in life, are recovering from addiction, have lost their children to foster care & are trying to rebuild their lives. A life that would only be further challenged by an unplanned pregnancy. I can not imagine the expense to this state, thru the cost of Medicaid to women who become pregnant due to the inability to receive annual preventative care & low cost contraception. We have an extensive follow-up system for our patients who have negative results, an std or precancerous cells on the cervix, guiding each patient, giving, education support and direction on how to care for themselves, so the problem does not progress to cancer or life*

*threatening infection. Because of the way our care is set up, patients have to see us annually to get their contraception, it is assured that annually they will receive the necessary health screenings, education and treatment as they grow change and their needs change.*

*I work in Family Planning because I believe in it's place in our community, the services we provide and the benefit for all, I love my work and I especially Love the clients we serve. Please support HB 638.*